



WESTGROVE PRIMARY SCHOOL  
"Together We Grow"

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PERMISSION FORM  
(Please print and complete)

I give permission for my child \_\_\_\_\_ to attend  
\_\_\_\_\_ on \_\_\_\_\_.  
(excursion information) (date)

I understand this excursion may include travel by bus to and from the designated venue.

I authorise the teacher in charge of the event to consent (where it is impracticable to communicate with me) to my child receiving any medical/surgical treatments that may be deemed necessary).

I enclose \_\_\_\_\_ paid by (please circle):

CASH                      CHEQUE                      EFTPOS

(BPay is also available, please see the office for details)

Signed: \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ (in case of emergency on the day).

I \_\_\_\_\_ am interested in being a parent helper and  
understand that I must have a current Working With Children Check.

Yes                       No